

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |
|                                  |          |        |      |

## INDEX OF CLAIMS

|                        |            |         |              |
|------------------------|------------|---------|--------------|
| ✓ .....                | Rejected   | N ..... | Non-elected  |
| = .....                | Allowed    | I ..... | Interference |
| — (Through numeral)... | Canceled   | A ..... | Appeal       |
| ÷ .....                | Restricted | O ..... | Objected     |

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 2/19/13 |
| 2        | 2/25/14 |
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| 12       | ✓       |
| 13       | ✓       |
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| Claim             | Date |
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| Claim             | Date |  |
|-------------------|------|--|
| Final<br>Original |      |  |
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If more than 150 claims or 10 actions  
staple additional sheet here